



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000029721

2. Name of Corporation THE STATE BALLET OF RHODE ISLAND

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 52 SHERMAN AVENUE, P.O. BOX 155

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NON-PROFIT CIVIC, REGIONAL BALLET COMPANY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ANA MARSDEN FOX	50 SHERMAN AVE. LINCOLN, RI 02865 USA
SECRETARY	AIMEE KENYON	230 OLD RIVER RD. LINCOLN, RI 02865 USA
ASSISTANT SECRETARY	LORI BROESS	17 GREENWOOD LANE LINCOLN, RI 02865 USA
VICE PRESIDENT	MARK MARSDEN	48 SHERMAN AVE. LINCOLN, RI 02865 USA
PRESIDENT	HERCI MARSDEN	54 SHERMAN AVENUE LINCOLN, RI 02865- USA
DIRECTOR	KATHERINE VINCELLETE	108 CHURCH ST BRISTOL, RI 02809 USA
DIRECTOR	AMANDA CACCIA	33 COURTNEY LANE STERLING, CT 06377 USA
DIRECTOR	MARGIE REYNOLDS	848 SNAKE HILL RD. NO. SCITUATE, RI 02857 USA
DIRECTOR	JACQUELINE CELESTE	25 OAK GROVE NO. PROVIDENCE, RI 02911 USA
VICE PRESIDENT	SHANA FOX MARCEAU	12 HARRIS AVE. LINCOLN, RI 02865 USA
DIRECTOR	ELIZABETH DIABBRACCIO	112 ADELAIDE AVE. NO. PROVIDENCE, RI 02911 USA
DIRECTOR	PAMELA VIENS	8 WEST VALLEY DR. CUMBERLAND, RI 02864 USA
DIRECTOR	ALISSA PASCALE	40 PLYMOUTH RD. NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	KIMBERLY NAJJAR	24 WOODROW ST. CUMBERLAND, RI 02864 USA
DIRECTOR	ANDREA GORMAN	90 ANGELL RD. LINCOLN, RI 02865 USA
DIRECTOR	BEVERLY NAJJAR	24 WOODROW ST. CUMBERLAND, RI 02864 USA
DIRECTOR	ANGELA SILVESTRE	87 TURNSTONE LANE SEEKONK, MA 02771 USA
DIRECTOR	SHALLA PACIA	74 WEST RIVER PARKWAY NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CATHERINE SWANTON	35 BEACH RD. CUMBERLAND, RI 02864 USA
DIRECTOR	SHEILA BURGESS	22 HOWARD ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	BARBARA SMITH WHITE	27 RAVEN CIRCLE CRANSTON, RI 02921 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

THE STATE BALLET OF RI SHERMAN AVENUE LINCOLN , RI 02865

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2018 at 9:44:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANA MARSDEN FOX
Signature of Authorized Person

Form No. 631
Revised 09/07

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